

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	9-6		4/27/21-20
FORMALITY REVIEW	[Signature]	68971	6/17/20
RESPONSE FORMALITY REVIEW	[Signature]	68971	6/17/20

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
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98	✓
99	✓
100	✓

Claim	Date
Final	
Original	
101	✓
102	✓
103	✓
104	✓
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145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

BEST AVAILABLE COPY

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If more than 150 claims or 10 actions  
staple additional sheet here

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